

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

13 CV 7667

MORALES JOSE

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

NYC POLICE DEPT 9th PRECT

DET. ALTIERI.

L.T. HARRIS

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name JOSE MORALES
ID # 3491314927
Current Institution NIC
Address 1500 HAZEN ST
EAST ELMHURST QUEENS NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name DET. ALTIERI Shield # 3227
Where Currently Employed 9th PRECINCT
Address 321 E 5th ST
NY NYC 10003

Defendant No. 2 Name LT. HARRIS Shield # _____
 Where Currently Employed 9th Precinct
 Address 321 E 5th St
NY NYC 10003

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?
N/A

B. Where in the institution did the events giving rise to your claim(s) occur?
N/A

C. What date and approximate time did the events giving rise to your claim(s) occur?
10-1-13 Around 2:30 PM

ON OCT 1 2013 AROUND 2:30 PM I TOLD DET ALTIERI AND LT HARRIS THAT I WAS WHEELCHAIR BOND DUE TO MY DISABLE WHICH I AM PARAPLEGIC THAT I NEEDED SPECIAL TRANSPORTATION. LT HARRIS AND DET ALTIERI DISREGARDED MY DISABILITY AND TOOK AWAY MY MOTORISED WHEELCHAIR AND THEN PLACE ME IN A UNMARKED VAN WITH OUT SEEVING ME THEN THEY THROW ME ON THE FLOOR WITH OUT MY WHEELCHAIR WHEN WE GOT TO THE PRECINCT THEY PICK ME UP AND PLACE ME IN A BROKEN WHEELCHAIR WHICH CAUSE ME TO FALL ON THE GROUND. I HURT MY BACK AND NECK THEN THEY TOOK ME TO THE HOSPITAL THESE OFFICERS VIOLATED ALL MY (ADA) RIGHTS AS A DISABLE PERSON ALSO THE 504 SECTION AND MY 5TH AMENDMENT RIGHTS UNDER THE US CONSTITUTION DUE TO ALL OF THIS I SUFFER PAIN & SUFFERING, MENTAL ANGUISH AND CAUSE ME TO ALSO GET INJURIES TO MY BACK & NECK THESE OFFICERS DIDNT PAY ANY ATTENTION TO MY DISABLE WHAT SO EVER. I AM ALSO SUFFERING EMOTIONAL DISTRESS AS WELL FROM ALL OF THIS. ALSO DISCRIMINATION FOR WITH DISABLES

JOSE MORALES
3491314927
1500 HAZEN ST

D. Facts: _____

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I HURT MY BACK & NECK AT

BELLEVUE HOSPITAL

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ____ No X

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). N/A

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No X Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No X Do Not Know ____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No X

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No X

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance? N/A

1. Which claim(s) in this complaint did you grieve? N/A

2. What was the result, if any? N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: N/A

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

N/A

Defendants

N/A

2. Court (if federal court, name the district; if state court, name the county)

N/A

3. Docket or Index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition

N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

N/A

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ___ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

N/A

Defendants

2. Court (if federal court, name the district; if state court, name the county)

N/A

3. Docket or Index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition

N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 25 day of OCT, 2013

Signature of Plaintiff

Inmate Number

Institution Address

JOSE MORALES
3491314927
1500 HAZEN
EAST ELMHURST
NY 11370
DORM 2B

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 25 day of OCT, 2013 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

JOSE MORALES